

UNIVERSITY OF CENTRAL FLORIDA

Student Accessibility Services 4000 Central Florida Blvd Ferrell Commons 185 Orlando, FL 32816

Medical Provider Form for UCF Housing ESA Request

The Provider Form section of the Request for Emotional Support Animal in Student Housing application must be completed by a Licensed Health Care Provider (i.e. psychologist, mental health counselor, etc.) who has treated the student for the disability and specializes in a field consistent with both the disability diagnosis and prescription of an emotional support animal. The documentation in this section must establish (a) that the student has a disability (b) that interferes with the use and enjoyment of the student housing unit, and (c) that the specific animal requested is necessary for the student to use and enjoy the student housing unit because the animal sufficiently alleviates the symptom or limitation of the disability. The health care professional must clearly explain how the particular animal requested (not just any dog or any cat) will provide the benefit necessary to alleviate the disability symptom or limitation. **General assessments are typically insufficient**. For example, a statement that "The animal alleviates anxiety" is too general and does not explain **how** the animal alleviates the symptoms of the disability.

You may complete your response below in the form provided or attach the information on letterhead. Please ensure that you answer all information completely for full consideration. Students will not be considered for an ESA accommodation until all requested information is sufficiently provided.

What is an emotional support animal?

An emotional support animal also known as a therapy/comfort animal ("ESA") is a companion animal in the campus housing environment who provides emotional support or other therapeutic benefit that is necessary to alleviate or mitigate one or more identified symptoms or limitations of a student's disability which, if left unaddressed, would interfere with the student's ability to use and enjoy campus housing. ESAs are **not** service animals because providing emotional support does not qualify as work or a task for the benefit of an individual with a disability for which the animal is trained. Thus, housing providers are permitted to request documentation sufficient to determine whether the student has a disability, and whether the ESA provides disability-related assistance or emotional support. Our process is designed to assess the necessity and reasonableness of the request as it relates to student on-campus housing.

Why is the student asking you to submit this documentation?

As a part of the student's emotional support animal request, he/she/they must include a professional health care provider individualized assessment of the need for the particular animal requested as a disability accommodation. This assessment should describe the nature and extent of the symptom(s) or limitation(s) caused by the medical condition, how they interfere with the student's use and enjoyment of campus housing, and how the identified animal alleviates one or more symptoms of the disability so that the student may use or enjoy equal access to student housing. Your professional opinion as to why the ESA is necessary or preferable over other treatment options that might exist to alleviate symptoms would be helpful in this analysis. You should also address the impact on the student if once the student is living with the animal, the animal is permanently removed from the unit because of a violation of policy (e.g. the animal injures someone or destroys property) and balance this impact, if any, and against the benefit you expect the animal to provide to the student.

What documentation is "allowed"?

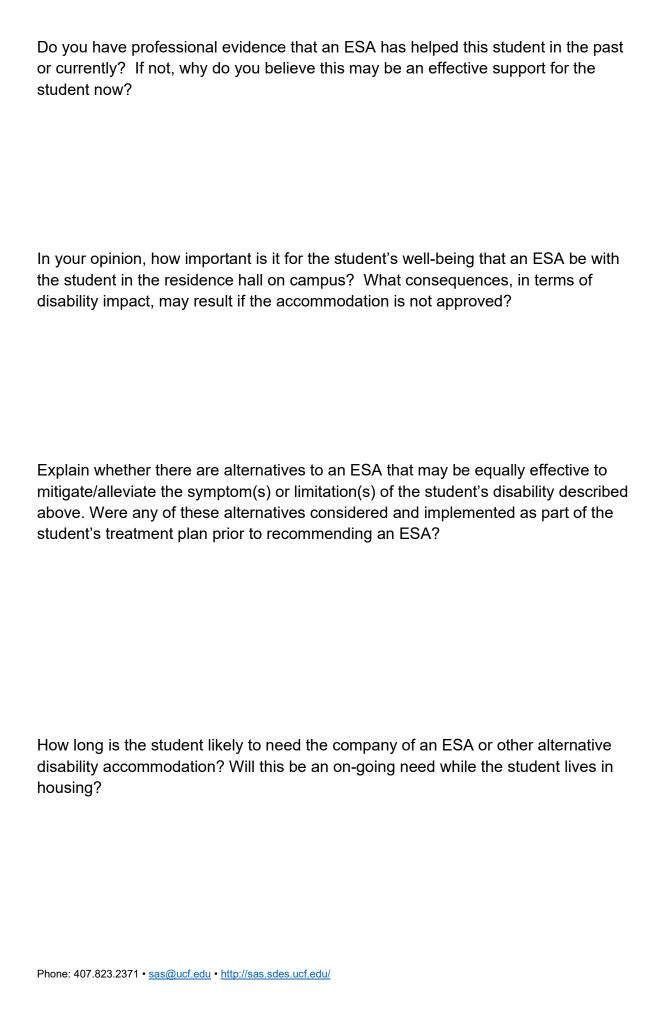
UCF requires students who are seeking an ESA as a reasonable accommodation to provide documentation from a treating and licensed physician, psychiatrist, social worker, or other mental health professional who has an established professional relationship with the student and can verify through a history of interactions that the animal provides emotional support that alleviates one or more of the identified symptoms or effects the disability in order to provide the student an equal opportunity to use and enjoy campus housing.

Medical information is necessary as part of this process but is not the definitive information that informs our final decisions. We consider a multitude of factors. A medical provider's recommended accommodation does not automatically bind SAS/UCF to approve the accommodation as being reasonable.

Application Information Student's Name: Student's UCF ID: Dates seen (Include month, day, and year): From: To: Total # of sessions/appointments: Does the student have a disability (a physical or mental impairment that substantially limits one or more major life activities)? Yes No Describe the disability symptom(s) or limitation(s) of the student's disability that

Explain how the **specific animal** requested by the student mitigates/alleviates the symptom(s) or limitation(s) described above. We understand that in some unique cases students may need to request more than one animal. If the student is requesting to keep more than one emotional support animal, explain their specific need for each animal and why one animal will not sufficiently address the symptoms of the disability.

interferes with the student's ability to use and enjoy campus housing.



Information about the proposed ESA:	
Name:	
Type of animal:	
Age of animal:	
Size of the cage/crate needed for containment:	
Dogs and cats are the most commonly requested type due to their potential (but not guaranteed) ability to a setting of a college residence hall. If another type of this student, please explain why you believe that animated	dapt well to a communal living animal is being suggested for
Historical ESA experience suggests that taking care hall can be more complex than caring for an animal i believe the potential increased responsibilities might disability symptoms in any way?	in an individual home. Do you
Name and Credentials of the Provider:	
License Number:	
Associated Organization:	
Preferred Contact Information:	
Signature:	Date: